Date In: 26/10/8-16:19	Jeb description	110	Time Completed	Done	p.i.
	SAS e-filing				
Ref No: NA/NCB-23/33/24	E-mail (within Shrs, At				
Veh No MA 8 TOOL.	i-Motor Claim Form	-	W. T) Aliabe	0.70
D.O.A W/12/18 - 20:00 -		- 6	NT 105227-001	36[17]18	8:08
OD TP ' Reporting Only	i-Motor W/O (Within	OD Zhrs, Fr	**************************************		
V	i-Photo Uploaded	+			
TP Insurer:	Assessment/Survey				
	Ass't Report by Fax	and to O	wner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (fel:	Fax:	A LOCALIST
TP Particulars: Veh No: JNG	16355)/Non-INC()		
Owner / Driver: (Tel:		
Policy No: () P	eriod: (over Type: (
Confirmed by: (Da		Time:)	
	[Note-Est. Status (WO):	0-20%	; 1: 21-/9%, F: 80	-10070]	-
Year of Registration: ()	Warranty: YES ()/	()			
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		1 15 to	A CO. A. C.	-	
() Walk-In Customer: Customer's inf		& Strict	y 10 taler of repaire	<u></u>	
() Total Loss Case : to e-mail Insu		, T	i Co. (1
Drive-In ()/ Towed-In (); Invoice	ce: YES () / NO (); 10W	ing Co: (TO THE PERSON NAMED IN COLUMN TO THE
Remarks: (INC hotline: 6788 6616)		, y	Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()				
	()				
3) Upload Resurvey Photo [Repair Cost > 5] Injury:					
3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()	10000000000000000000000000000000000000		Nestown	
3) Upload Resurvey Photo [Repair Cost > 5] Injury:		1 B. 1 1 May 2		San	
3) Upload Resurvey Photo [Repair Cost > 5 Injury:		M231X		Santa Sa	
3) Upload Resurvey Photo [Repair Cost > 5] Injury:				Total Control of the	
3) Upload Resurvey Photo [Repair Cost > 5] Injury:		1 K. 1 May 2			
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time] Actions		Prepai		Ant (5)	Ami (1)
Jare/Time Actions	Inv	- Prephi	earlian Checklist	fa Bill	Section of the latest the section of
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions Ac	1 Inv	Prepar	e (\$30);	THE RESERVE THE PARTY OF THE PA	And the second
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions Ac	1 Inv	Pirephilasi Assawing Fre	esterna Checklist (\$30); esterna (\$100); INC	(\$80) \$40/\$45 \$120	And the second
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions Ac	1 Inv 1) A 2) D 3) T 4) F 5) F	-P reput	estrent (\$100); INC	(\$80) \$40/\$45 \$120 \$30 (905)	And the second
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time: Actions January: Janu	Inv 1) A 2) D 3) T 4) F 5) FT F0 6) T	Preprii	estion Checklist g (\$30); estimat (\$100); INC igniturey igh furvey (Resurvey) igniture (Resurvey)	(\$80) \$40/\$45 \$120 \$30 (905) \$75	And the second
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions Section Se	1 Inv 1) A 2) D 3) T 4) F 5) FT F9 6) T 7) N	Preprii	estion Checklist g (\$30); estimat (\$100); INC aph Survey (Resurvey) aph Survey (Weef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30 (905)	And the second
3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions Lamant's Particulars: river/Owner: ontact No: arnaged Portion:	1 Inv 1) A 2) D 3) T 4) F 5) FT F9 6) T 7) N 3 3) N Q	Trepair collent Re amage Ass away Tre llow-Thro mane session collent Ass Additional	estion Checklist g (530); estimat (5100); INC agh survey (Resurvey) agh Survey (Resurvey) MI Survey Services:	(\$80) \$40/\$45 \$120 \$30 (905) \$75	And the second
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3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions Stand Place & Particulars river/Owner: ontact No: arnaged Portion: C Checked by (Engr-In-Charge):	1 Inv 1) A 2) D 3) T 4) F 5) FT F9 6) T 7) N 3 3) N Q	Prepair relient Repaire Associated Throughton How-Throughton - aspection of DA + 51 Additional	g (\$30); estimated (\$100); INC aphiturvey aph Survey (Resurvey) aphitured (\$100); Vecf 10 Jan 2 MIL Survey Services:- Tot Allowance at total	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160 \$55 \$10 \$25 \$5	Section of the latest the section of
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	26/12/2018 16:19
Date Of Accident	24/12/2018 20:00
Exact Location Of Accident	PIE (TUAS) BEFORE JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA8500L
Insured/Policyholder	
Name Of Registered Owner	LAW HONG SENG
NRIC No	S7703619I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83333893
Alternative Phone No	OFFICE-83333893
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102550500
Cover Note Number	
Driver	
Name of Driver	LAW HONG SENG
NRIC No	\$77036191
Date Of Birth	31/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2004
Priving Experience	14 YEARS AND 5 MONTHS
	MALE
	(LOCAL) +65-83333893
ax Number	Control of the state of the sta
Contact Number	OFFICE-83333893

NOEMAIL

BLK 272 TAMPINES STREET 22 Address

#02-02

Postcode 520272

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2 involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: GENDER:

YES

3

: FEMALE

Passenger 2

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJN9635S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of .
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is no the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Date & Ti

ACCIDENT STATEMENT

13 / 30 10 · (DD/MM/YYY), TIME: (30 : 00 HH:MM)
LOCATION: PIE(TUAS), before Jalan Eunos.
1. DETAILS OF VEHICLE
alvehicle Number: SMA 8500L
DINSURANCE COMPANY: NTU (
C)POLICY NUMBER:
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
elmake a model: Chemplet Cruze
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME WOYK
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/10)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: LAW HONG SENG (MOE/FEMALE)
b)NRIC/FIN/PASSPORT: S7703619 I CONTACT: 8333 3893
CIADDRESS: 172 TAMPINES St 22 #02-02 S(52027)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
4 Ho of pessanga DRIVER
(MALE / FEMALE)
CA2 2 MAR OVILLY ASSIGN
I female , paccengers:
male 3-d)DATE OF BIRTH: (31 / 01 / 1977) (DD/MM/YYYY)
UJDATE OF BIRTH. (ST) OT TO
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 14 YEARS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES-/ NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNEY
5. dJWEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b)ROAD SURFACE: (IDRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
Ho of passenger a) VEHICLE NUMBER: SJN96365 MODEL:
(Induding driver) b) DRIVER'S NAME:
(01) male, c) NRIC/FIN/PASSPORT:CONTACT:CONTACT:
WORK I
THO OF PASSENGER OF DEIVEDIS NEME.
(Induding driver) 1) NRIC/FIN/PASSPORT:CONTACT:
() III INICIPILITASI OKIONIMOIL,

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S77036191



Name



LAW HONG SENG

刘宏昇

Race

CHINESE

Date of Birth

31-01-1977

Sex

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE

DRIVING LIGHT



Licence Number: S 7 7 0 3 6 1 9 1

Name:

LAW HONG SENG

Birth Date: 31 Jan 1977

Issue Date: 10 Sep 2003









\$77036191

24-08-2002

Achbenin

APT BLK 272 TAMPINES STREET 22 #02-02

SINGAPORE 520272

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B

Class 2A

Class 2 Class 3

Motorcycles not exceeding 200 cc
Motorcycles between 201 cc and 400 cc
Motor Cars of unladen weight not exceeding
3000 kg with not more than 7 passengers,
exclusive of the driver; and Motor Tractors
and other Motor Vehicles of unladen weight
not exceeding 2500 kg

PASS DATE

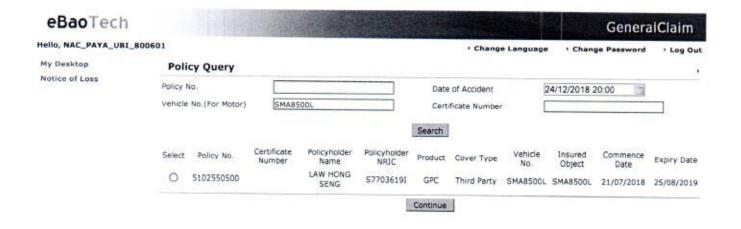
26 Oct 1994 11 Feb 1997 16 Dec 2003 05 Jul 2004

S7703619I

S/No. 9000017480



NP 428A



▽ Pol	icy Information						
Policy No.	5102550500	Policyholder Name	LAW HONG	SENG	Policyholder NRIC	S77036191	I a
Certificate No.							
Address	BLK 272 #02-02 TAMPINES S	TREET 22 SING	APORE 5202	72			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	21/07/2018	Effective Date	21/07/201	8 00:00	Expiry Date	25/08/2019	9 23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ung/Inexperience Driver Excess
Agent	HUANG YUMING, RENNY	Agent Tel.	86067874		GST Flag	Y	
Co- insurance Flag	No	0,4,000,00			os mag		
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 272 #02-02	Addre	ss 2	TAMPINES STREE	T 22	Address 3	SINGAPORE 520272
Address 4		Addre	ss Type	Singapore address		Post Code	520272
Jnit No.		Relate Numb	d Policy er	5102550500			
D Insured	d Object: SMA8500L						
	ements						
Sequen	ce Date of Endorsem	ent f	ndorsemen	t Type	Endorsement	Status	Endorsement Content
	21/07/2018 00:00	Basic 1 Endors	nformation ement	Endore	sement Take Eff	ective	Thank you for giving us the opportunity to serve you. We confirm that from 21 Jul 2018, th policy is extended to include Free NCD protection and is subject to Endorsement M4 enclosed.
			Co	ontinue Cancel			A CONTRACTOR A CONTRACTOR OF A

Claim Handling Accident MT/1025257					
Policy No.	5102550500	Vehicle No.	SMA8500L	CET Desistration No.	
ertificate No.		YORKS NO.	SHAROSUL	GST Registration No.	
folicyhaider Name	LAW HONG SENG				V2530000
Product Code	PRIVATE CAR INSURANCE	Cover Type	Carlotte Section 1	Policyholder NR3C	\$77036190
Contact No.(Mobile)	83333893	Contact No. (Office)	Third Party	Loading	0
mail Address			0	Contact No. (Home)	0
PK.	® No ⊜ Yes	Special Remark		eCode	N/ V
CD Protection	Yes Yes	TCA	® No ○ Yes	eCode Reason	
Accident Details	555	NCD Entitlement(%)	50	Private Hire	Yes
eport Date	26/12/2018 18:57	Accident Report Within 24 his	Yes	Accident Type	Collision - Head to Rear
ate of Accident	24/12/2018	Time of Accident hhimm	20:00	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
codent Location	PIE (TUAS) BEFORE JALAN EUNOS EXIT				
Excess					
wn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	THINDSOLD LECES	0.50
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
7 Benefits		Openie Singapora in Estats	1,550.00		
GST Registered Inform	setion				
T Registered	No.		GST Registration Date		
T Registration No.			GST Status Ventled	Yes	
diffication History			17. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23	(100)	
Policyholder Mailing Ad	idress				
idress 1	BLK 272 #02-02	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
toress 4	- A - A - A - A - A - A - A - A - A - A	Address Type	Singapore address		
nst No.		Related Policy Number		Post Code	520272
OI Driver Info		Meiated Poscy Number	5102550500		
iver Name	LAW HONG SENG	The section is			
named driver Name	LAW HUNG SENG	Driver Type	Main Driver		
	25252255	Driver NRIC	577036191	Driver DOB	31/01/1977
gister Date of Driver License		Driver Age	41	Driving Experience	14
ntact No.(Mobile)	83333893	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 272	Address 2	TAMPONES STREET 22	Address 3	SINGAPORE 520272
dress 4		Address Type	Singapore address	Post Code	520272
it No.	02-02				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Section Carl				silver risular company	
cteration					
rathalyser or Blood Test ading?	D img	Any injury?	○ Yes ® No		
autily.	25 A TO		Charle		
dification History					
Claim 001 New					
Main out					
im Type *	OD-MX	Insured Name	LAW HONG SENG	Insured NRIC	\$77036191
react No.(Mobile)	98385828	Contact No.(Home)	67896742	Contact No.(Office)	
at Address	devin_9085@yehog.com	OI Venicle Number	SM48500L	TP Vehicle Number	53N96353
mant Type Claimant Type •	printing and the second	Type of Benefit +	Please Select	The state of the s	-0300000
mant Name. +	>>	Claimant NRIC *	10000000		
mant Address		APRILITATION OF		in the second	
m Description	SMA8500L / SJN9635S ON 24 Dec 2018			hama of Boxferon was	
Ferred Workshop Contact	27 500 2018	the San Hills	-	Name of Preferred Workshop	
		Insured Liability *	Not at Fault		181
ure Finalisation	Yes v	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	26/12/2018 18:58	Claim Close Date		Date Received	26/12/2018 00:00
ort Taken By	Jackson				
Print AK letter					
		1	Save Submit		
ttachment					
ident No.	MT/1025257	Claim No.	001		
t Doc. Received	● Yes □ No	Upload Date	26/12/2018 18:59		
	Path •		Category *	Confidential Urgeno	v. Neman
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			I seems -		
		Browse		Normal V Normal	V
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